

01/2017

REQUEST FOR FAMILY ALLOWANCE

To be submitted to the Fund upon birth of a first child, change of employer, commencement of studies of own children under the age of 25, occurrence of disability that prevents own children under the age of 20 undertaking any paid work or for annual differential supplement.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Employee</th> </tr> <tr> <td>Last name and first name :</td> </tr> <tr> <td>Full address :</td> </tr> <tr> <td>Living there from : / /</td> </tr> <tr> <td>E-mail address :</td> </tr> <tr> <td>Marital status :</td> </tr> <tr> <td>Date of marriage :</td> </tr> <tr> <td>Nationality :</td> </tr> <tr> <td>Date of birth : / /</td> </tr> <tr> <td>AVS N° :</td> </tr> </table>	Employee	Last name and first name :	Full address :	Living there from : / /	E-mail address :	Marital status :	Date of marriage :	Nationality :	Date of birth : / /	AVS N° :	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">Current employer</th> </tr> <tr> <td>Member number :</td> </tr> <tr> <td>Company name :</td> </tr> <tr> <td>Full address :</td> </tr> <tr> <td>Start date : / /</td> </tr> <tr> <th style="background-color: #cccccc;">Previous employer</th> </tr> <tr> <td>Name :</td> </tr> <tr> <td>Full address :</td> </tr> <tr> <td>Date of termination of employment : / /</td> </tr> </table>	Current employer	Member number :	Company name :	Full address :	Start date : / /	Previous employer	Name :	Full address :	Date of termination of employment : / /	
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Maximum fixed AVS salary : <input type="checkbox"/> Employee <input type="checkbox"/> Spouse or partner

Request for annual supplement : <input type="checkbox"/> yes <input type="checkbox"/> no If yes, for which year : Period of activity during this year : from to
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Last family allowances received until : / / <input type="checkbox"/> by the applicant <input type="checkbox"/> by the spouse/partner <input type="checkbox"/> from the employer..... <input type="checkbox"/> from the Family Allowance Fund :

Children										
Last Name	First name	Date of birth	Full address of child	from current marriage	from last marriage	from spouse	out of marriage	adopted	studying	disabled
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental authority : <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both				AVS income :						
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Payment (only in Switzerland)
Account holder :
IBAN :
Bank :

Please note :

Requests for family allowances can only be submitted to one Fund, unless the applicant has also requested an annual supplement.

- The order of priority is as follows :
1. The person who is gainfully employed
 2. The person who has the parental authority
 3. The person with whom the child lives most of the time
 4. The person who works in the child's canton of residence
 5. The person earning the highest salary subject to AVS
 6. The self-employed person earning the highest salary subject to AVS

Obligation to provide information :

Any change in family status (birth or death of a child, separation, divorce, death of a spouse, remarriage, etc.) must be registered by the beneficiary. The beneficiary who changes employer or, for whatever reason, is no longer employed due to illness, accident, unpaid leave or job loss, stops working or becomes self-employed, must inform the Fund accordingly and without delay. The beneficiary must also inform if their AVS salary becomes lower than that of their spouse/partner.

The spouse/partner and or ex-spouse/ex-partner is subject to the same obligation.


Failure to provide timely information may lead to the beneficiary being held personally liable for the integral sum of the benefits paid as a result of this infringement. Legal action may also be taken against the beneficiary.

Employee	Spouse/partner	Employer
Date :	Date :	Date :
Signature :	Signature :	Stamp and signature :

ANNEX to the application for family allowance

FOR ALL APPLICATIONS

(except for all differential supplements for children already registered with our Fund) :


-  Copy of family certificate in full or of official family record book (and copies of birth certificates for non-registered children if applicable).

AND




For foreign applicants :

-  Copy of residence/work permit for the whole family.



For divorced, separated couples or unmarried couples :

-  Copy of all official documents attesting to legal parental custody and residence of children.


For an annual differential supplements :

-  Annual statement of benefits paid by another priority Fund indicating the sums paid to the child for that specific year (For French nationals : "attestation de paiement ou de non-paiement destinée à l'organisme étranger ou Formulaire E411")
-  Copy of certificate of studies/internship or apprenticeship for the whole calendar year.
-  If applicable, statement of annual income.


For children aged between 16 and 25 who are still studying :

-  Copy of certificate of studies/internship or apprenticeship.
-  If applicable, annual income statement.

For children aged between 16 and 20 :

-  Copy of medical certificate confirming inability to carry out gainful employment due to ill health.

For people whose previous family allowance Fund was abroad :

-  Original confirmation of deregistration from the former Family Allowance Fund.